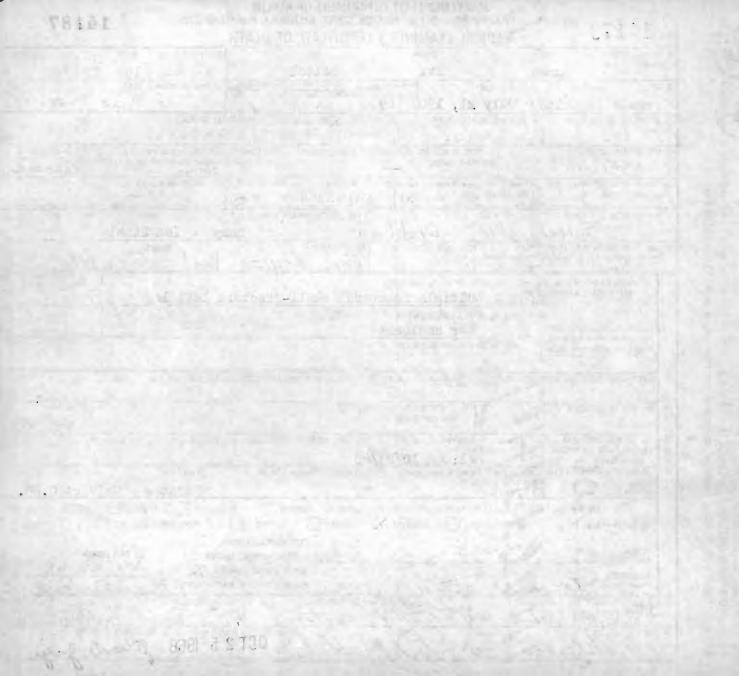
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HEALTH DEPT.		ECEASED-NAME Type or Print)	First		Midi		Lost			DATE KNOWN	Month	Doy Year	2b. HOUR
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any de			White	6/6/1		1						190	1 15 M
	(OUT	BIRTHPLACE (State	ar foreign	7b. CITIZEN OF WH	AT COUNTRY?		OWED DIV	ORCED	9. COUNTY	CALL			Md.
e Sta	10. 0	ITY OR TOWN OF	DEATH		AME OF HOSPITA	AL OR INSTITUTIO	N (If not in hospita		most of wor	TION (Kind of which is the second sec		INDUSTRY E	
s after de 18. Give along w with the death.				ed lived, if institu	ition: Residence		OR TOWN	YES N	LIMITS? 13e.	STREET AND NU	JMBER	100 1 14.12	har he y
haurs Item 18 Office 1 and 2	14 5	ATHER'S NAME	First	Middle		Lost	Is. MOTHER'S MA		First		Middle .	lo	**
7 5 5 5			John	B	BATS	SEL	13. MOTIEK 5 ME		HASM	Eliza		HAME	
within 24 Examiner's File pages		WAS DECEASED EV		ORCES? war or dates of service}	166. SOCIAL SEC	URITY NO.	17. INFORMANT	ra Lo	u15a	Vea / ADDI	S.	Dakot	2
		18. CAUSE OF	DEATH (Enter on	ly ane couse per li	ne for (o), (b),	ond (c).)						APPROXIMAT BETWEEN ONSE	
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s certificate standing the forwarded ta used as a bu smaval, and it		PART 2. OTHER S	IGNIFICANT COND	ITIONS CONTRIBUTI	NG TO DEATH B	OUT NOT RELATED	TO THE TERMINAL	DISEASE OR	CONDITION GIV	VEN IN PART I(o	)		
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INE ce sha	MEDICAL	CAUSE OF DEATH	URRED 21e.	PLACE OF INJURY ()	At home form.	street,	21f. LOCATION Stree		Accide	City or Town	-	County	Stote
Cre cre		WHILE NO	T WHILE TO	street	g, etc.)					Barsto	NGT .	Calvert	Md.
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e exector. Poed for CTOR:		deoth res	sulted from:	Noturol cous	ses 🔲, A	ccident 🕱	Suicide	Homicio	de 🔲 , L	Indetermined	monner		
please directiretrations.		ACTUAL	1.	10 Louce	Ų		CH	HEF MEDICAL	EXAMINER				
rry, ple eral di per retro RAL Di		SIGNATURE	- 3.	am arm	7		HLD.		ICAL EXAMINE		22b. DATE		8.
necessary, please execution from the funeral director. Page 5 may be retained for 3 FUNERAL DIRECTOR: PHealth prior to buriel,		EXAMINER'S NAME (Type)	I550	m Dan	alouis	1			AL EXAMINER I, city, tawn, c	-	2	Fooder	ah md
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MARYLAND STATE DEPARTMENT OF HEALTH



1	1 45470	MA! DIVISION OF VITAL REC		ARTMENT OF HEALT		
FOR STATE	14179			ERTIFICATE OF D		14188
HEALTH DEPT.	1. DECEASED-NAME	First	Middle	Lost	20. DATE KNOWN	
***************************************	(Type or Print)	WESLEY	HODGE	BISHOP	OF ESTI- DEATH MATED	
₹ 5 3 5	3. SEX 4. RA		H 6. AGE (In years lost birthday)	IF UNDER I YEAR IF UND	ER 24 HRS. 2c. DATE PRONOUNCE	D DEAD 2d. HOUR
dell and M3.	Male C	olored July 9		10	Month Octob	per 12 Year 1968 11:36
22,2	7a. BIRTHPLACE (State or fo	areign 7b. CITIZEN OF WHAT		ARRIED NEVER MARRIED		
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tem 18. Give Pages Office along with for and 2 with the State	10. CITY OR TOWN OF SEAT	is Fredericke sin		Hospital duri	USUAL OCCUPATION (Kind of wing most of working life, even if	retired.) INDUSTRY
5 m 5 2 04	admission) STATE	here deceosed lived, if instituti Md. V3b. COUNTY Cal	on: Residence before 13c. (N		IN LIMITS? 13e. STREET AND NUM	ABER
	14. FATHER'S NAME	Fire Edwar	& Bishop	15. MOTHER'S MAIDEN NAM	E First M. Thene	Hodge Last
hin nine nine pag	16a. WAS DECEASED EVER IN (Yes, na, ar unknawn)	U.S. ARMED FORCES? (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	Mrs. Em	ily Bishop.	Lusby, Md.
ed with the standard from the File iin 72	1B. CAUSE OF DEAT	TH (Enter anly one cause per line	e far (a), (b), ond (c).)		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed v "pending" in nief Medical Ex ansit permit. Fi event within	PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (a)	Interstiti	al pneumonit:	is (SDII)	
be exe	484X		S A CONSEQUENCE OF			
rans	Canditians, iffany, w	ouse (n) (b)				
This certificate shauld be cate, writing the ward "per be farwarded to the Chief be used as a burial-transit ir remayal, and in any even	stating the underlyi	ng cause DUE TO, OR A	AS A CONSEQUENCE OF	12000		
is certificate she te, writing the v farwarded ta th e used as a buri removal, and in	PART 2. OTHER SIGNIF	CANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(0)	
is certific te, writin farward e used as remaval,	19g, DATE OF OPERAL	ion II	96. CONDITION FOR WHICH O	PERATION		20. AUTOPSY?
e us	19a. DATE OF OPERAT		WAS PERFORMED?			YESATZ NO
## 7 9 0	21g. EXTERNAL CAUSE PRIMARY OR CON CAUSE OF DEATH 21d. INJURY OCCURRE			21c. HOW INJURY OCCURRED	(Enter noture of injury in Port 1	
CAL EXAMINER: execute the certi ar. Page 4 should far yayr files. CTOR: Page 3 shaul burial, crematian,	21d, INJURY OCCURRE  WHILE NOT WHILE AT WORK AT WORK	1 22 1 11		21f. LOCATION Street or R.F.D.	No. City or Town	Caunty State
ctor. Paged far.)	22a. I certi	fy that I taak charge of the	e remains described aba	ve, held an Autapsy XX	Inspection, Ir	nquiry, and in my apinian
of CTC	death resulte	d fram: Natural cause	Accident	Suicide, Hami	cide , Undetermined	manner
please e directar retained DIRECTION or to bu	ACTUAL T	1. 1.	1/1/		AL EXAMINER	
NY, Perol Pe	SIGNATURE (	una 1	0-11		EDICAL EXAMINER STATE	October 14, 1968
O DEPUTY necessary, the funera 5 may be O FUNERA Health pr	EXAMINER'S NAME (Type)	Edmand E	Udlam M.D.		eet, city, town, or county)	
TO THE THE	23a BURIAL CREMATION, REMOVAL (Specify)	23b, DATE 10-16-68	23c. NAME OF CEMETER	11 Church C	23d. LOCATION (City or To	own) (Caunty) (Stote) O, Calvest Md.
50	24. FUNERAL DIRECTOR	10000	// ADDRESS -	Mar 25a. Ri		REGISTRAR'S SIGNATURE
VR A15ME (5) 10M REV. 1/68	Leron	2: Decre-	Herricas	SCEZUNA DATE	OCT 1 6 1968	Charles Judge

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	14180				ATE OF D		RE, MARYLAND 2120	141	89
1.	DECEASED-NAME (Type or print)	First	Middle		Lost	20	o. DATE OF DEATH Month	Day Yeo	2b. HOUR
	18 FO 18 CE 0	KK WILLIAM	EDWARI	) BC	SWELL		TO	Ji 68	7:20P
3.	SEX	4. RACE			S. DATE OF BIRTH	1	6. AGE (In year last birthday)	S IF UNDER 1 YE	EAR HE UNDER 24 HRS
L	Male		HITE		3/24	/08	1.60	YRS.	
70	a. BIRTHPLACE (State or fore	eign 7b. CITIZEN (	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIE	9. 00	OUNTY OF DEATH		
L	MARYLAND		ED STATES	WIDOWED			CALVERT		M
10	). CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR give street address)	INSTITUTION (If n	ot in haspital	12a. USUAL OC	CUPATION (Kind of work of	done 12b. KIN	D OF BUSINESS OR
L	PRINCE FREDE	ERICK	CAI	VERT CO		Thu	f working life, even if retir	red.) INDUSTR	lity hetera
	Ba. USUAL RESIDENCE (When	e deceased lived, if in	estitution: Residence before			INSIDE CITY LIMITS?	13e. STREET AND NUMBE	R	P
u,	MARY MARY	LAND 13b. COU	CALVERT	PRIN	CE FREDE	FI-CKO -			
12	4. FATHER'S NAME First	Mid	die Losi	15	. MOTHER'S MAIDE	EN NAME First	Midd	lle	Lost
		WEL	BOSWELI			RERTHA	HAMMETT		
1	60. WAS DECEASED EVER IN Yes, no, grunknown)	U.S. ARMED FORCES?	16b. SOCIAL SECURI		NFORMANT	110	Addre	ess	
	No		218-07	-5095	Thapek	if leco	real.		
	18. CAUSE OF DEATH (	Enter only one cause	per line far (a), (b), and		,			BETW	PROXIMATE INTERVAL ZEEN ONSET AND GEATH
9	PART 1. DEATH WA	S CAUSED BY: IMMEDIATE CAUSE (a)		orgio	1000	you &			
	4/29	DUE TO.	OR AS A CONSEQUENCE			.1.			
	Conditions, if any, which		)	50%	anons	171.20	agr.		
	stating the underlying	126 (0)	OR AS A CONSEQUENCE	OF					
	last.	(c)							
	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DI	ISEASE OR CONDI	TION GIVEN IN PART 1(a)		
1	5 4201								
200	190. DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATION WAS	PERFORMED	20a, AUTOPSY	/	20b. IF YES, WERE FIND! CAUSES OF DEATH?	NGS CONSIDERED	N CERTIFYING
1					YES 🗌	NO D			
		IDERLYING 21b. TI	ME OF INJURY A.M. Month Day Ye		OW INJURY OCCURI	RED (Enter nate	ure of injury in Part 1 or Pa	ort 2, Item 18.)	
1	OR CONTRIBUTING CAL	examiner)	P.M.	19					
1	21d. INJURY OCCURRED	21e. PLACE OF INJ	URY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LC	CATION Street of	r R.F.D. No.	City or Town	County	State
	While Nat white at work						1	- 12	
F	22a. I certify that	(1) (this haspital)	attended the dece	ased from	407	- , 19	, to W-4-	1908,1	hat (1) (we) la
	saw the dece	ased alive an	did) (did nat) view th	ne hady after	a that in (my) i leath.	(aur) apiniar	n death accurred an th	ne date and he	iur and fram th
	20% CICHATURE -		1	C Dady arrei	200/11:			22c. DATE SIGNED	)
	3	Som &	Dilano	- DEGR	EE PHYS.	MED. DIRECT	TOR STAFF		
	22d. PHYSICIAN'S		<u> </u>		22e. ADDRES		11113.		
	NAME (Type)	R. TSSAM I	el DAMALO	LIT	PRINC	<u> </u>	DTOV-MD		
2	30. BURIAL CREMATION.	23b. DATE		OF CEMETERY OR			d. OCATION (City or Town)	(County)	(State)
1	REDIOVAL (Specify)	Oct 8 19	68 (1sh)		miter	1	Parstaur 0	alvert	G. Snd.
2	4. FUNERAL DIRECTOR	1 ~	DDR	Way !		o. REC'D BY RE	GISTRAR 256. REGIST	RAR'S SIGNATURE	0
	(111 0411 14	Cappell	m. Port	CIRING	E MAR	OCT	R 1988	Charles	younge

MARYLAND STATE DEPARTMENT OF HEALTH

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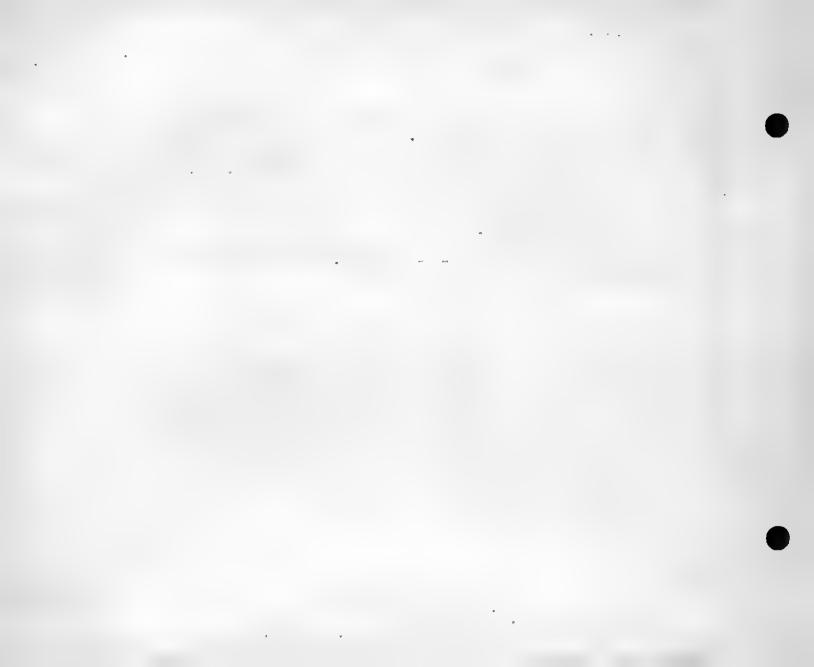
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14190 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 26. HOUR deoth. (Type or print) Owen Rebecca Bowen 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR 24 hours after lost birthdoy) MONTHS I DAYS PARION female Negro 9-30-87 bon papers. P. within 72 hours 7o. BIRTHPLACE (Stote or foreign filled in by 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED [ DIVORCED [ Maryland Calvert 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress)
Calvert County Hosp 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** Prince Frederick and in any event, Prince 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13s. STREET AND NUMBER executed odmission) STATE Calvert NO X YES remove Maryland Erederick 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle requires that the deoth certificate be John Ross Grav Jennie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) cremotion, or removol, 212-10-2815 Clarence M. Bowen Prince Frederick 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) \_\_ Cerebral Vascular Accident DUE TO, OR AS A CONSEQUENCE OF signed by the o burial-tronsit per Conditions, if ony, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO 🗔 TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while to work 22a. I certify that (i) (this hospital) attended the deceased from Sept , 1957, to Oct. 8, 1968, that (i) (we) lost saw the deceased alive an Oct. 8 1968 and that in (my) (our) apinion death occurred an the date and hour and from the couses stated obove, (1) (we) (did) (did not) view the body after death. 225 SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR 5 10-9-68 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) George Weems Huntimotown, Maryland BURIAL EREMATION 23b. DATE 23c. NAME OF SEMELERY OR FREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) DATE OCT

MAKTLAND STATE DEPARTMENT OF HEALTH

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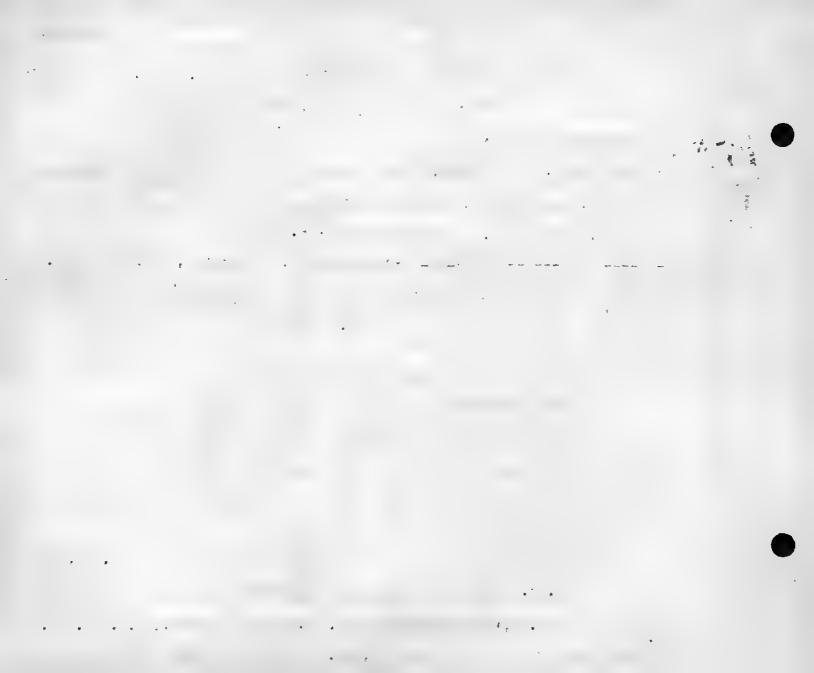


1 1/1		DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTI	MORE, MARYLAND 212016£	3-2909-16/ce
• ',			CERTIFICATE OF DEATH		14192
Teoth. nerol ond 2 deoth.	1. DI (1	CEASED NAME First Middle ype ar print)	Last	20. DATE OF DEATH FT1 Day	Year Just M
ofter Teoth le funerol les 1 ond 2 gfter deoth	3 SE	THOMAS EVANS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF JHOER 24 HRS.
rs ofte	L	MAIE WHITE	APRIL TO IS	86 82 YRS	MONTHS DAYS HOURS MIN,
The state of the s	7o. E		MARRIED (NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	
in 24	10. 0	MARYLAND UNITED STATES A.  TY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120 USUA	CALVERT  L OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY OF SUSINESS OR
d with	100	PRINCE FREDERICK GALVERY  CALVERY		ost of warking life, even if retired ) et.Chi.Fnginee:	Ships
every of		USJAL RES DENCE (Where deceased hived, if institution, Residence before ssion) STATE MARYLANI) 13b. COUNTY CALVERT	LUSBY YES NO	13e STREET AND NUMBER  Zip Code 800	35.7/
execu	14. 1	ATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME F		uckles-(%)
e bm on o ose i	140	JOHN BREEDEN (W.) WAS DECEASED EVER IN C. S. ARMED FORCES? 1166. SOCIAL SECURITY	NO 17 INFORMANT TAURA	Address	BUCKLESS
ertificate ba physicion o pen please toval, ond ir	Y.	as Oa, ar unknown) (II yes give war or dates of service) 178-18-29			(Same)
equires that the dmoth c physician. mgned by the attending burial-transit permit. It burial, cremotian, or rem		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	eerberg an	Cont Vellus of ONDITION GIVEN IN PART 1(a)	BETWEEN OWSET AND DEATH
The low ractending attending hos been se as the their prior to	CERTIFICAT.ON	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?  YES NO 7	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
FHYSICIAM: T hm hospital or of this certificate l letoched for us b Dept. of Health	₹		21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Port 2, It	em IB.)
S FINYS thin has this ce defoche e Dept.	WED	21d. IN. JRY OCCURRED White Not while of work Arms of the PLACE OF INJURY (AT HOME, FARM, STREET FARM OFFICE BUILDING ETC.	18/4	City or Town	County State
OR ATTENDING PHYSICIAL be retained by the hospital DIRECTOR: After this certifica je 3 should be detoched for		causes stated obove (1) (we) (did) (did not) view the	190 / and that in (my) (our) opi		
HOSPITAL OF ATTENDE 4 may be retained FUNERAL DIRECTOR: irector, page 3 should be filed with the		22b SIGNATURE All Marie	DEGREE ATTENDING M	FD STAFF D 22c. 0	ATE SIGNED
TO HOSPITAL Page 4 moy O FUNERAL I glirector, pag should be fill		NAME (Type) R OP VIIIAI	ZRPIX )	denice -	nd.
= =	B			23d LOCATION (City or Town) rooklyn A A Co	
30M REV. 1	24	Curio & Evalos	1400 S. Charles B lto Md 2128 QAIOCT	2 8 1968 256. REGISTRAR'S	SIGNATURE Car Judge



v2 1	IIt II2	em 21 Film 407 MARYLAND STATE DEPARTMENT OF HEALTH -6-68 ams division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201	
FOR STATE	7	1186 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14193
HEALTH DEPT.		DECEASED NAME 20 DATE KNOWN Month DE	oy Yeor 2b-HOUR
Poge to		DEATH MATED   /0 )	0 189424
delay and 3 M3 Po	3 2	S DATE OF BIRTH  AGE (In years of UNDER 1 YEAR F UNDER 24 HRS. 2c DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN MONTH)  BYRS  YRS  YRS  AGE (In years of UNDER 1 YEAR F UNDER 24 HRS. 2c DATE PRONOUNCED DEAD MONTH)  DOY 30	Year Hour
E 1 - 1 - 2		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. 10 NTY OF SEATH	W/ 77 F
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Hear Hear Street	14 F	FATHER'S NAME First Middle Lost 13 MOTHER'S MAIDEN NAME FISH MIDDLE MIDL	Una to m
within 24 pencil in Xaminer's xaminer's ile projection 72 hours.		WAS DECEASED EVER IN U.S. ARMED FORCES? 1666 SOCIAL SECURITY NO 17. INFORMANT / B. Tongton worth datas of service) 16-05-369.	my c 12
d will be Exar Exar File in 72	H	1/18 CAUSE OF DEATH (Enter only one cause per ling for (o), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed wire meding. In pending. In pending. In pending Examist Permit. File event within-72		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Hereby Struck	DETWEEN UNSET AND DEATH
ef Merchantsit property of the state of the		Conditions, if only which gove )  DUE TO, OD AS A CONSEQUENCE OF	
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icate ing th ded t as a vs a , and	NO	PART 2. OTHER GINE CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certification or write or war used imoval	ICAT 0	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	CERTIFICAT	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES   NO
= 10 = .	MEDICAL	PRIMARY TO CONTRIBUTING 8:30 M. 10 30 19 68	,
= e × + € C	Æ	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 27f IOCATION Street or R.F.D. No. City or Town	County State
EXAM ecute the Page 4 ar your R: Page			
CAL E		220. I certify that I taak charge of the remains described above, held on Autopsy, Inspection, Inquiry,  death resulted from. Natural causes, Accident, Suicide, Homicide, Undetermined monner	ond in my opinion
please e director refained DIRECT or to bu		CHIEF MEDICAL EXAMINER	,
ory, ple erol di be reto pror		ACTUAL SIGNATURE	NED //C
TO DEPUTY DICAL EXAM necessary, please execute if the funeral director. Page 45 may be retained far your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S HAW! Nard MD. ADDRESS(Street city town, or county) Chience &	nd.00
5 = 4 × 5 ±	250	BURING (REMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	ounty) + (Stote)
	24	FUNERAL DRECTOR ADDRESS 250 RECID BY REGISTRAR 256 REGISTRAR'S SIG	NATURE !
VR A15ME (5) 10M REV 1/6		a. G. Harkness Son fort Projection Mais NOV 4 1968 goliane	to Judge
315		, , ,	0

142-44



	1	MARYLAND STATE DEPARTMENT OF HEALTH  * * * O C DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOD CTATE			14195
FOR STATE	1.0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  DECEASED-NAME First Middle Last 2g DATE KNOWNELL Month	
HEALTH DEPT.		Type or Print)	
oy is 3 to Page nt of		DELLA WINTERS DIXON DEATH MATED 10 3	7 7 7 7 7
and S. P.	3. S	lost birthday) MONTHS DAYS HOURS Min Month Day	Yeor 2d HOUR
2, and 3 to PM3. Page		Female   White   June 13,1891   77 YRS     October 3	1968 5:3/0
J, 2, and Trm PM3. P	7a.	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
for a		Missouri USA WIDOWED DIVORCED Calvert	Md
24 hours ofter deoth in Item 18. Give Poges rs Office along with failes I ond 2 with the State irs after death		CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work dane)  12 during most of working I for even if retreat	126 KIND OF BUSINESS OR INDUSTRY
the the		Huntingtown Huntingtown, Md. Housewile	MIDOSIKI
s ofter 18. Gr colong with death	130	USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN 13d MINDE CITY AMAIS? 13e STREET AND NUMBER	
18 o e o de de	- 9	Md. Calvert Huntingtown Huntingtown	Md.
thours them 14 Office office after d	14. 1	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
24 1 1 m th 1 s C 1 s T		James M. Winters Unknown	
hin 24 nal in niner s pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS  (es, no, or unknown) (If yes give war or detres of service) TO G.G. O.C. 1. T. North Address To Service (Sec. O.C. 1.) T. North Address T. No	20639
w.thin pencil Examine File page	L '	(es, no. or unknown) (If yes give wor or deres of service) 579-66-0481 J. Norval Dixon, Jr. Huntingto	wn, Md.
B .5		18. CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ing in the within		PART I. DEATH WAS CAUSED BY:  Arteriosclerotic cardiovascular disease  Arteriosclerotic cardiovascular disease	
× 6 €		4/27 DUE TO, OR AS A CONSEQUENCE OF	
pe exe		Conditions, if any, which gave	
ould vord ne Ct al-trc any		rise to immediate cause (a), (D) DUE TO, OR AS A CONSEQUENCE OF	
should be en word "per o the Chief I burial-transit I in any ever		lost. (c)	
This certificate should be executed itrote, writing the word "pending in be forwarded to the Chief Macieal Ed be used as a burial-transit permit for removal, and in any event within		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fire rder os	2	# 17 / Fracture of right hip	
writi work sed	ATIO	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
his certification of the forwor be used to remove	CERTIFICATION	WAS PERFORMED?	YES 🗔 NO 🗌
# B 0		210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Ite	em 18)
JNER: T ne certifica should b files 3 should '	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A M.  [CALSE OF DEATH 11 XXX 9 25 1968 Subject had a fall	
UNER shour files 3 sho	WEL	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 2 f. LOCATION Street or R F D Na C ty or Town	County State
≪ ಸ್ಥಿದ್ದಾ		WHEE AT WORK AT WORK ? PART OF THE STATE OF	alvert Md.
Page of , Page o			, and in my apinian
ICAL e exe for. P ed fo CTOR		death resulted fram: Natural causes ], Accident XX Suicide ], Homicide ] Undetermined manner	erenin .
pleose I directs retaine		CHIEF MED CAL EXAMINER	
and		ACTUAL / A L 22h DATE	SIGNED
UTY, ory, berg be pr			et. 4. 1968
o DEPUTY DICAN necessory, pleose ex the funeral director. S may be retained for EUNERAL DIRECTO Health prior to bur		NAME (Type)  Ronald N. Kornblum, M.D.  ADDRESS(Street, city, town, or county)	
TO DEPUTY DICAL EX.  necessory, please execute the funeral director. Page 5 may be retained for yo TO FUNERAL DIRECTOR: Po Health prior to buriol, or	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
	12:	REMOVAL (Specify)	lvert Md.
-		FUNYERAL DIBECTORY 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 3	
VR A15ME (5)	1	Jutchens Juneral Home Owings, Maryland DATE OCT 7 1968 Ichan	May Judge
TOWN KEY 1700	1	Owings, maryland out 1000	1 0

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1 1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOD CTATE	1	1 1 9.0 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	14199
FOR STATE	-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		PECEASED NAME Type or Print)  20 DATE KNOWN Month OF ESTI	Day Year 25 HOUR
TO B mas	3. :	EX. 4 RACE S DATE OF PIRTH O AGE (1) YOUNGER 21 HRS 20. DATE PRONOUNCED DEAD	10 08 11304
a Bade	3.	A RACE S, DATE OF PIRTH O AGE (n years to birthdoy) MONTHS DAYS HOURS MIN. Month 10 Day 1	Yeor 1965 / 20 TP
F 67		B RTHPLACE (Stote or foreign 76. CIT ZEN, OF WHAT COUNTR.? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
form, form	¢δη	TITY) Ga M.S. A WIDOWED DIVORCED CELVENT	Md.
Pages Pages With for	10	(ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during past of working life, eyen if retired,)	126 KIND OF BUSINESS OR
# # # # # # # # # # # # # # # # # # #	130	USUAL RESIDENCE (Where deceased lived, if institution, besidence before 13c CITY OR TOWN 13d INSIDE CITY AM 15? 13e STREET AND NUMBER	D411914
	L	dmissian) STATE 136 COUNTY SIZENT C BORCH YES NO	<i></i>
	14	FATHER'S NAME First Maddie Gost Is MOTHER'S MA'DEN NAME First Middle	Danni Ost
hin 24 ncil in niner's pages haurs	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 1665 SOCIAL SECURITY NO 12. ANFORMANT 2 ADDRESS 2	DOSKII
s certificate shauld be executed within 24 e, writing the ward "pending" in pencil in forwarded to the Chief Medical Examiner's used as a burial-transit permit. Fite pages emoval and in any event within 72 haurs		(es, no, or unknown) (If yes give war or dates of service) 5/7 1.14-7733 FA TOSIN	B. Md
ed to his		18. CAUSE OF DEATH (Enter only one cause per ing for (a), (b), and (c))	APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E onsit permit. F event within		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 449 (a)	9 NO
ex f M iir p		DUE TO, OR AS A CONSEQUÊNCE/OF	
d be d 'p Chie rans		Conditions, if any, which gave rise to immediate cause (a), (b)	
This certificate shauld be cate, writing the ward "pe, be forwarded to the Chief be used as a burial-transit removal and in any ever		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sho whe water the tarth			1
erificate sh writing the warded to t sed as a bur oval and in		PART, 2, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
certifi orware used c moval	TION	196 OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
	CERTIFICATION	JGN 1968 WAS PERFORMED? (S & LGNO	YES NO NO
ER: This tertificate auld be fes. hould be ian, or re		21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of night in Port 1 or Port 2, Iti	
INER: The e certificate e certificate shauld be files. 3 shauld be stain, or i	MEDICAL	PR-MARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M 19	
■ 4 年 % 草	MED	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street) 21f, LOCATION Street or R.F.D. No. City or Town	County State
XAMINER: the the certified of the shauld your files. Page 3 should crematian,		WHILE AT WORK AT WORK factory, office building, etc.)	
ICAL EXAMINER: e execute the cert far. Page 4 shaul ed for your files. ETOR: Page 3 shau burial, cremation		220. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry	and in my opin on
Ed to bur		deoth resulted fram: Natural causes Accident , Suicide , Homicide Undetermined manner	
please e l' directal retained . DIRECT		11 ) / CHIEF MEDICAL EXAMINER	
Jry, ple eral di be retr RAL D priar		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226 DATE	SIGNED
		EXAMINER'S NAME (Type) // W. MARD DEPUTY MEDICAL EXAMINER DADDRESS(Street, city, town, or county)	10/08
TO DEPU necessa the fun 5 may TO FUNE Health	230		(County) (State)
2		Durial Oct 18, 1968 Fort Bincoln (In Bladens fues &	1. Wash.DC
A	24	EUNEAU DIRECTOR 250. REC'D BY REG STRAR 250 REGISTRARS	SIGNATURE
VR A15ME (5) 10M REV 1768	1 2	Tulchins Tunual Home Owengo, Mar OCT 21 1968 John	res Judge





	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 142	01
HEALTH DEPT.	I. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy Yeor	2b HOUR
is of of	(Type or Print)  OF ESTI-  DEATH MATED TO/)1/ 18	8 5:15
2, and 3 to PM3. Page spartment of	3 SEX 4 RACE S DATE OF BIRTH 6 AGE IN YEAR FUNDER 24 HRS. 2c DATE PRONOUNCED DEAD MONTHS ON'S HOURS MIN MONTH TO DOWN IN MONTHS ON'S HOURS MIN MONTH TO DOWN IN	68 5:45
PM3	MALE WRITE MAK 14 100W DON	68 5:45
- E &	70 B RTHPLACE (State or foreign   70. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   1. COUNTRY OF DEA	he I
oth any delay ages 1, 2, and 3 th form PM3. Po	10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hosp to 1.20 LSUA, OCCUPATION (Kind of work done 12b KIND OF B	BLSINESS OR
Give Pages and with for	PRINCE FRELERICK, MD. give street oddress) CALVERT COUNTY during most of working ite, even if ret red.) INDUSTRY	
\ e & o o o	130 LSUAL RES.DENCE (Where deceased lived, if institution Residence before 131 CITY OR TOWN Odmission) STATE MARYLAN 1 COUNTY PR. GARO  COUNTY PR. GARO  LANHAM YES NO [ 136 STREET AND NUMBER (914) BROWNS LANE	
hours fem 1 Office offer d	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Losi
	DANTAL BY LONG UNKNOWN	
nin y hin y hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. orunknown) (If yes give wor or dates of service)  16b SOCIAL SECURITY NO. 17 INFORMANT DANIEL B. LONG ADDRESS  578-03-9210 6922 SIJEFFIELD DR. CAMP SPRIN	4.47
	1 appply	NATE INTERVAL
uted g" r icol l rithin	PART I DEATH WAS CAUSED BY	NSET AND QUATH
executed nding: Medical permit permit	IMMEDIATE CAUSE (O)  DUE TO, OR AS A CONSEQUENCE OF	
should be en word "per or the Chief I burial-transit	Conditions, if only, which gove (b) (b) (b)	
ony	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
she whe who the who the bouri	(c) DOLMO WARY Edge.	
INER: This certificate should be executed with the certificate, writing the word "pending" in personal be farworded to the Chief Medical Britishes 3 should be used as a burial-transit permit File nation, or removal, and in any event within 72	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
worth word word seed to oval	196 DATE OF OPERATION RACHEOTON Y WAS PERFORMED? BURNING Swaling of mucosa YES	PSY?
this certificate, writh the farwor be used by the removal	190 DATE OF OPERATION RACHEOTON Y WAS PERFORMED? Howard Swading of mulcon YES [210 EXTERNAL CAUSE WAS [21b TIME OF (NJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of mility in Port 1 or Port 2 Ham 18)	NO P
= 75 =		
INER e cer shoul files 3 sho notion	CALLE AT DE THE	Stote
EXAMINER: cute the certi age 4 should ryour files : Page 3 should I, cremotion,	MALE NOW WHILE   foctory office building, etc) USME NORTH BOOK Colors	
	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , inquiry , and in	my opinion
	death resulted from: Notural causes , Accident , Suicide , Hamiride , Undetermined manner	7
direction of r	CHIEF MEDICAL EXAMINER	
ITY BIC, Ploss e eral director be retoined RAL DIRECT prior to bu	ACTUAL ISSON 1: 89 -1 3000 1.  M.D. ASSISTANT MEDICAL EXAMINER	
o DEPUTY SICA necessory, please ethe funeral director 5 may be retained DIRECT Health prior to bu	PEXAMINER'S NAME (Type)  DR. ISSAM F. eldamaLouji  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, aty, town, or county)	
necesso the fun 5 may 10 FUNE Health	230 BLRIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gry pr Town) (County)	(Stote)
0	Bened 10-8-68 Cealen Hell am Sutfland met	
VR A15MERN	24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR'S SIGNATURE  (I) W Clambus Co 517 11 4 St. St. Work DC DATE OCT 9 1968 VClimba 0.	
10M REV IVER	WW Chamber 6 517 /1 C St. S.E. Wolf De DATE ULI 9 1968 Johnson 9	udge_



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301.W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CATE OF DEATH 14203 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b HOUR death. (Type ar print) Rose Mever 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years OF LINDER 1 YEAR last birthday) MONTHS OAYS HOURS Tule white YRS. female haurs 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Calvert U.S.A. WIDOWED K DIVORCED | 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in bespitol 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR law requires that the death certificate be executed within give street address) during most of working life, even if fetired.) INDUSTRY St. Leonard refored and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY admissian) STATE YES NO TO \$t.Leonard and 14. FATHER'S NAME Middle fist Joseph Lost IS MOTHER'S MAIDEN NAME First Middle Last 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no. or unlenown) ( f yes give wor or dates of service) lon. I by the ottending physical burial, cremation, or remayal, Baker St. Leonard. Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a),(b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by the attendir burial-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160) Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health prior to I 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO 🗆 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medicol exominer) P.M. 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED While Not while City or Town County State at wark at wark 22a I certify that (I) (this baspital) attended the deceased fram\_ Saw the deceased alive on. 19 , and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated abave. (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS STAFF PHYS 10-11-68 DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d LOCATION (City or Town) 23a BUR AL, CREMATION (County) REMOVAL (Specify) BEC D BY REGISTRAR 2Sa REGISTRAR'S SIGNATURE VR A15 (4) 30AA REV. 1/68



MAKILAND STATE DEPARTMENT OF HEALTH



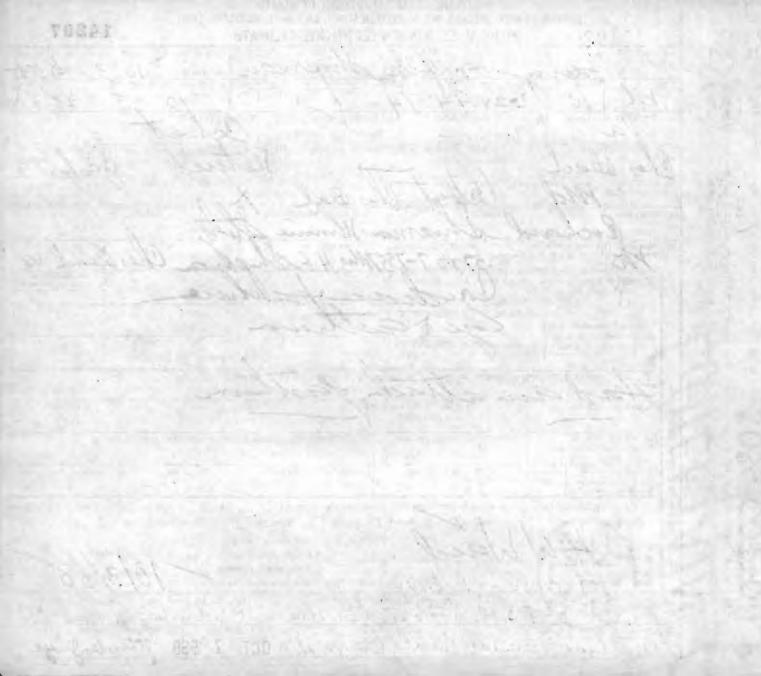
1 1	r		301 W. PRESTON STREET, BALT		
1	4196		ERTIFICATE OF DEATH	money months are a	14205
	ASED NAME First	M.ddie  Helen	RAWLINGS	20. DATE OF DEATH  Month Doy	2b Hour 1968 12:30 pM
3. SEX	the res	4. RACE Nagro.	S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
country		U.S.A.	8 MARRIED NEVER MARRIED UNIDOWED DIVORCED	o county of DEATH Calves	
3		in NAME OF HOSPITAL OR INS give street oddress) Calvert Cou	Iduring a	IAL OCCUPATION (Kind of work done nost of working life, even if retired.) OUSEWITE	125. KIND OF BUSINESS OR INDUSTRY
Mar Mar	on) STATE	lived if institution: Residence before 13b. COUNTY  Calvert	Owings YES N	10 🙀	
14. FATE	HER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME		Lost
	AS DECEASED EVER IN L.S. ARMED no, or unknown)   (II yes give wor or			rene Address ngs. Jr. Owins	Giles
Co	PART 1. DEATH WAS CAUSED E  MMEDIATE  anditions, if ony, which gove )	one couse per line far (o), (b), ond (r) (Y: CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF			APPROXIMATE INTERVAL BETWEEN ONSET AND ORATH
sto los P/	se to immediate couse (a), toting the underlying cause st.  ART 2 OTHER SIGNIFICANT CONDI	DUE TO, OR AS A CONSEQUENCE OF  (c)  TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
STIFICA		NDITION FOR WHICH OPERATION WAS PE	YES NO	_	
E DICAL	a. ACCIDENT WAS UNDERLYING TOR CONTRACTING ☐ CAUSE OF DEATH Feither, notify medicol exominet	216 TIME OF INJURY HOUR A.M Month Day Year P.M. 19		er nature of injury in Port 1 or Port 2, 1	
W	work at work		21f LOCATION Street or R.F.D. N		County State
22	20 I certify that (1) (this saw the deceased oliv couses stated obove, i	re on	od from, 19_ 9 and that in (my) (our) or body after death.	pinion death occurred on the do	ba, that (I) (we) last te ond hour ond from the
	2b. SIGNATURE	Omo J. v.s.	DEGREE PHYS	MED STAFF   22t.   DIRECTOR   PHYS.	DATE SIGNED 10-9-68
	Zd. PHYSICIAN'S NAME (Type)	AMALOUJI.			aryland
RI		12-68   St.Ed	mond Ch.Cem	23d LOCATION (Gity of Town) Sunderland	(County) (Stote)
24 EU	NERAL DIRECTOR	ADDRESS	250 RECD	BY REGISTRAR 25b REGISTRAR'S	SIGNATURE



3 - 4					DEPARIMENT OF		****		
-,		1.107	DIVISION OF VITAL RECORDS,			IIMORE, MARYL	AND 21201 ,		-
	<u>.</u>	ATLU.		CERTIFIC	ATE OF DEATH			1420	<u> </u>
eath.		ECEASED NAME First	Middle	A	Last	20. DATE OF DEA	lTH Month Day	Year	2b. HOUR
exacted within 24 haurs after death completely filled in by the funeral smore carban papers. Pages hand 2 any event, within 72 hours earth		EII:	<u> </u>		Robinson		10 13	1968	3:15a4
The second secon	3. SI		4. RACE		S. DATE OF BIRTH	6. Id	AGE (In years ast buthday)		UNOER 24 HRS.
2 482		male	white	7.0	3-22-13		55 YRS		
hau fin by fine	cavi	ntry)	7b. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED [	9. COUNTY OF DEA			
illed in papers.	M	aryland TITY OK TOWN OF DEATH	U.S.A.	WIDOWED [			alvert		Md.
filled filled thin 77	•		11 NAME OF HOSPITAL OR IN	STITUTION (IF no	ot in haspital 120. US	JAL OCCUPATION (Kir mast of working life,		125. KIND OF BUS INDUSTRY	SINESS OR
with rietely carban ent, wit	P	rince Freder:	ick Calvert Co	unty	Hosp. Di	esel Med	chanic	U.S. G	OV.
call	13o adm	JSUAL RESIDENCE (Where decease ission) STATE	ed lived, if institution. Residence before			IIMITS? 13e STREET	AND NUMBER		
A G G G		ission) STATE aryland	Calvert	Bolom	OUR I		*		
	14, 1	FATHER'S NAME First	Middle Lost	15.	. MOTHER'S MAIDEN NAME		Middle		Last
0 0 1		Washin	gton Robins	on		illian		Gra	aves
cate sicio plea , an		WAS DECEASED EVER IN J.S. ARM es, na, ar unknawn)   Lityes give with			NFORMANT		Address		
phy en ova		no	218-12-2		lara Kuth	Robinson	1 Solor	nons, M	
e death certificate be attending physician permit. Then please an, ar removal, and	'	18 CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED	y ane cause per line for (a), (b) one (c)		-	Phon		BETWEEN ONSET	
ne death attendi permit. ian, ar r		IMMEDIA	TE CAUSE (a)	cenn	nolores				
ath peri			DUE TO, OR AS A CONSEQUENCE OF	1	1			3/22	me
the root		Canditians, if any, which gave ) rise to immediate cause (o),	(b)	= /	hreng	2			
tho by tron crer		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	X					
quires that the physician. signed by the burial-tronsit purial crematii		last.	(c)	_//_					
Phy sign bur bur	١.	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OF	CONDITION GIVEN IN	PART 1(c)		
law re nding been s the iar ta	8	11 1							
s be as a soria	CERTIFICATION	19a. DATE OF OPERATION 19b. 0	CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?	CALLCOO OF	WERE FINDINGS CO	ONSIDERED IN CERTI	FYING
The 1 attent has been assed the print	RIFI				YES NO	]			
YSICIAN: ospital or certificate the for u		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	G 215. TIME OF INJURY HOUR A.M Month Doy Year	21c. H0	OW INJURY OCCURRED (Ent	er noture of injury in	Part 1 or Part 2, 1	tem 18.)	
at a file	MEDICAL	(If either, natify medical examin	er) P.M. 1	9					
hys hos s ce ache	Æ	21d INJURY OCCURRED 21e While Not while	PLACE OF INJURY (AT HOME, FARM, STREET FA	CTORY ) 21f. LO	CATION Street of R.F.D. N	o City or 1	OWR	County	State
c PH) the harders this detac		CO WORK OF WORK I							
OR ATTENDING be retained by the DIRECTOR: After age 3 shauld be a led with the State		22a   certify_that (1) (the	s hospitol) ottended the deceas	ed from	an. 1, 19	67, to Oct	<u>11, 196</u>	58_, that (I	) (we) lost
R: A	ı	saw the deceased al	(1) (we) (did) (did not) view the	body ofter o	z that in (my) (our) of leath	onian death occu	irred on the dol	te ond hour on	d from the
ATTA stair and share share stair and		22b, SIGNATURE	100	Soay onor a	104711		22c [	DATE SIGNED	
OR Fe re d w	ı	John!	ellan	DEGRI	EE PHYS.	MED. ST DIRECTOR PH	TAEE I	0-11-68	
AL O		22d. PHYSICHIN S			22e. ADDRESS	- III	1.0.	<u> </u>	
PITU mc ERA Ir, p		NAME (Type) Rober	to de Villarrea	1. M.J	D. St. Le	onard.	Marylano	5	
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-tron should be filed with the State Dept. af Health priar to burial, crer	230	BURIAL, CREMATION. 23b. D		CEMETERY OR		23d LOCATION (			(State)
<b>5</b> Pag Fig. 5		REMOVAL (Spenty)	1 . 0 11 11 11	one M	Nethodish Cont.		na Calve	40.	md.
VR A15	24	FUNERAL DIRECTOR	ADDRESS	2 11	2So. RECO	BY REGISTRAR	2Sb. REGISTRAR S	SIGNATURE	
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1 3	MAKYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  ### 1 9 8 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14207
HEALTH DEPT.	MEDICAL EXAMINER'S CERVITICATE OF DEATH	
	(Type or Print) OF ESTI-	Doy Year 2b. HOUR
oy is 3 to Poge	3. SEX 4. RACE AS DATE OF BIRTH 17 6. AGE TO YEAR IF UNDER 24 HRS 24. DATE PRONOUNCED DEAD	2d HOUR
y deloy ond 3 PM3. Po	M W 12-24-9-4 - Perinder) MONTHS DAYS HOURS MAN MONTH 10 Day 3	Year 88 1 1
EN. a EN	70. BIRTHPLATE Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 6. MARRIED MEYER MARRIED 9. COUNTRY OF DEATH	
form, form	country) fa U.S. A WIDOWED   DIVORCED   Calvert	Md.
oth orth th f		2b KIND OF BUSINESS OR DUSTRY
fier deoth Give Pages ong with for	The seach of the verned	asself &
0 00 70 3000	136. USUAL RESIDENCE (Where deceded lived, if institution: Residence there 13. CVIV OR TOWN odmission) STATE 13b. COUNTY 15b.	
hours Ifem 1 Ond 2 offer d	14. FATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME FIRST Middle	Lost
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. U. INFORMANT ADDRESS ADDRESS	-1
d be executed within 24 rd "pending" in pencil in Chief Medical Examiner's fronsit permit. File pages by event within 72 hours	(Yes, no or Triprown) (If yes give wor or dules of service) 57 No 7-33 Mus H & Shipping thes 6	Beach 140
ed v	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (a).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed anding" in Medical E t permit. F	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CAUSE AT THE CAUSE (1)	
be exe "pendi sief Me onsit pe event	Conditions, if ony, which gove )  DUE TO, OR AS A CONSEQUENCE OF	
d be d "pe Chief fronsi	rise to immediate couse (o), (b)	
should be to word "pe to the Chief buriol-fronsit lin ony even	storing the underlying cause DUE TO, OF AS A CONSEQUENCE OF	1-37
g the ed to ed to and it	PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY NOT RELAXED TO THE TERMINAL DISEASE OF MODIFICANT GIVEN IN PART 1(0)	
	Had an Mack dayling	
te, writing forwor forwor removol	246. VATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
# # 8 8 E /	196. VATE OF OPERATION 1995. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Hern	YES NO
# B P P	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Year HOUR A.M. 19 21d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street) 21f. IOCATION Street or R.E.D. No. 21f. IOCATI	1 18.)
		County State
EXAMINER: ute the cert age 4 should your files. Page 3 should, cremation,	WHILE NOT WHILE of foctory, office building, etc.)	
L EXA kecute Page for you DR: Pag	22a. I certify that I taak charge of the remains described abave, held an Autopsy, Inspection, Inquiry,	and in my opinian
ICAL I	death resulted from: Natural cauces , Accident , Suicide , Hamicide , Undetermined manner	
please e. I director retoined	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CONTRACTOR	
Try, perol be re prio	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DAI 3	GNED
necessory, please execute the funerol director. Page 4 5 may be retoined for your to FUNERAL DIRECTOR: Page Health prior to burial, cren	EXAMINER'S NAME (Type) H. W. WAR!" Duris, ) and ADDRESS(Street, city, town, of county)	100
101 105 105 105 105	PARSOVAL (Specify) / 1/2 - T / 1/2 / 1	(ounty) (Stote)
on	24 FUNKAL DIBECTORY 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR 350.	GNATURE
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1199		VITAL RECORDS,	CERTIFICA	TE OF DE	ΔTH	E, MAKTLAND	21201	1420	18
7 31 4 4	First	Middle		Lost		DATE OF DEATH		100 00 00 0	2b. HOUR
r print) RUF	US	HENRY -	TAY	7LOR		Month	39	68	2a.M
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E	MONA	WHYYE! No	gro	7/9/99	9	lost birth	yrs.	ONTHS DAYS	HOURS MIN
PLACE (State or foreign			B. MARRIED	NEVER MARRIED	9. CO	UNTY OF DEATH			
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nce Fred	erick Ca	Ivert Hou	use		12a. USUAL OCC during most of Parm	UPATION (Kind af w warking life, even if ET	ork dane retired.)	12b. KIND OF BU INDUSTRY	JSINESS OR
RESIDENCE (Where de	1126 COUNTY	_				13e. STREET AND N	UMBER		
S'S NAME First	Middle	Last	15. n	OTHER'S MAIDEN	NAME First		Middle		lost
EDWARD					AGNES			RI	EED
DECEASED EVER IN U.S., or unknown) (If yes	ARMED FORCES? give war ar dates of service)						Address		
nown				ladoly	n Rawl	ings	Princ		
CAUSE OF DEATH (Ente	er anly one couse per li	ne for (a), (b), and (c)	-	. 11				BETWEEN ONSE	T AND DEATH
E / O	MEDIATE CAUSE (a)	cerul	orde 1	relo	ys.				
itions if any which a		AS A CONSEQUENCE OF		Glas	and.	120			
a immediate cause (	(b)	AS A CONSCIUENCE OF	wone.	0-1071	The state of the s	LIM	1 '		
ng the underlying car	036	NO IN CONDEQUENCE OF							
2. OTHER SIGNIFICANT		TING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DIS	EASE OR CONDIT	ION GIVEN IN PART 1	(o)		
5/X									
DATE OF OPERATION	19b. CONDITION FOR WI	IICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?			FINDINGS CONS	IDERED IN CERT	TIFYING
				YES 🔲	но 🗆				
			21c. HOW	INJURY OCCURRE	D (Enter natur	e of injury in Part I	or Part 2, Item	n 18.)	
ther, notify medical ex	cominer) P.M.	1	9			#6. —=			
e Not while at wark				TION Street or				County	State
			ed fram	hat in /mul /			, 19	, that (I	) (we) last
causes stated ab	ove () (we) (did)		bady after dec	1101 111 (1119) (0 11h.	aor) abinian	aeain accoured (	in the date	ana naur an	ia iram ine
SIGNATURE /	1		10	ATTENDING	MED.	CTACC	22c. DAT	TE SIGNED	
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27				22e. ADDRESS					
PHYSICIAN'S NAME (Type)	0	Y		ZZE. ADDRESS					
NAME (Type)  AL, CREMATION, 2	23b. DATE		CEMETERY OR CR		23d	LOCATION (City or 1	lown)	(County)	(State)
NAME (Type)	23b. DATE 10-26-68		Cem.	EMATORY	23d.		A.A.	.Co.	(State) Md
( / dd tiii . R1	RUF  LE  PLACE (State or foreign  MD.  OR TOWN OF DEATH  LICE Fred  AL RESIDENCE (Where de 1)  STATE Md.  SET'S NAME First  EDWARD  SET'S NAME First  EDWARD  SOCIETASED EVER IN U.S.  OR ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	RUFUS  A. RACE  APLACE (State or foreign TOP). CITIZEN OF W. MD.  DOR TOWN OF DEATH  LICE Frederick  AL RESIDENCE (Where deceased lived, if institute to the control of the county of th	RUFUS  RUFUS  A RACE  APLACE (State or foreign   7b. CITIZÉN OF WHAT COUNTRY?   New York of Part   11. NAME OF HOSPITAL OR IN Give street address)   12. NAME OF HOSPITAL OR IN Give street address   13b. COUNTC a l vert   13b. COUNTC   13b. COUNTC a l vert   13b. COUNTC a l vert   13b. COUNTC a l v	RUFUS HENRY TAS  A RACE  A RAC	REF. NAME  SET. NAME  FIRST  RUFUS  A RACE  A RACE  A RACE  A RACE  A PLACE (State or foreign  AD.  B. MARRIED  NEVER MARRIED  NOWN OF DEATH  I.I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital cive atreet oddress)  FIRST  MIDOWED  DIVORCED  TOWN OF DEATH  I.I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital cive atreet oddress)  AL RESIDENCE (Where deceased lived, if institution: Residence before list. CITY OR TOWN list in the spital control of the list match the list match the control of the list match the list mat	First RUFUS HENRY - TAYLOR  A RACE  A	RUFUS HENRY TAYLOR  A RACE  LE   4 RACE   5. DATE OF BIRTH   6. AGE (In loss birth MODINE)   7/9/99   9. COUNTY OF DEATH   6. AGE (In loss birth MODINE)   7/9/99   9. COUNTY OF DEATH   6. AGE (In loss birth MODINE)   7/9/99   9. COUNTY OF DEATH   11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital DIVORCED DIVORC	RUFUS	FOR TOWN OF DEATH  LE    A RACE   A RAC

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